| Major Donor and   |                                   |   | WAJOR DONOR                                       | COMMITTE  | E STATEMENT            |
|---|-----------------------------------|---|---|---|------------------------|
| Independent Expenditure Comn<br>Campaign Statement<br>(Government Code Sections 84200-84216.5)                                    | e or print in ink.                | Date Stamp  | CALIFORNIA<br>FORM                                | 461   |                        |
|   | Statement covers period           | Date of election if applicable:   |   | 1/2   |                        |
| Amendment   | from07/01/2017                    | (Month, Day,Year)   |   | For Official Use Only   |                        |
| SEE INSTRUCTIONS ON REVERSE   | through12/31/2017                 | _   |   |   |                        |
| 1. Name and Address Of Filer  |                                   | 3. Summary  |   |   |                        |
| NAME OF FILER (Include name(s) of all affiliated entities whose contri Mr. Boyd C. Smith  |                                   | (Amounts may be rounded to what it is a contact of the contact of | ributions<br>00 or more                           | •   | 50500.00               |
| MAILING ADDRESS   | (NO. AND STREET)                  | made this period. (Part   | •   | \$ —  |                        |
| CITY  | STATE ZIP CODE                    | Unitemized expenditur     contributions (including     \$100 made this period   | g loans) under                                    | \$ —  | 0.00                   |
| Palo Alto RESPONSIBLE OFFICER (If filer is other than an individual)  | CA 94301  AREA CODE/DAYTIME PHONE | 3. Total expenditures and made this period. (Add  | Lines 1 + 2.)                                     | SUBTOTAL \$ —   | 50500.00               |
| Boyd C. Smith   |                                   | Total expenditures and made from prior staten   |   |   |                        |
| 2. Nature and Interests of Filer (Con A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME |                                   | amount from Line 5 of filed. If this is the first   | last statement                                    |   | 55445.00               |
| NAME OF EMPLOYER/BUSINESS   | BUSINESS INTERESTS                | the calendar year, ente   |   | \$ —  | 55445.00               |
| WSJ Properties  ADDRESS OF EMPLOYER/BUSINESS  | Real Estate                       | 5. Total expenditures and (including loans) made  | since   |   |                        |
| Palo Alto CA  | 94306                             | January 1 of the currer (Add Lines 3 + 4.)  | it calendar year.                                 | TOTAL \$  | 105945.00              |
| A FILER THAT IS A BUSINESS ENTITY MUST DESCRENGAGED  A FILER THAT IS AN ASSOCIATION MUST PROVIDE                                  |                                   | 4. Verification  I have used all reasonable reviewed the statement ar contained herein is true ar the laws of the State of Ca   | nd to the best of my kr<br>nd complete. I certify | nowledge the inform<br>under penalty of p                     | nation<br>erjury under |
| A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS EI COMMON ECONOMIC INTEREST OF THE GROUP O  |                                   | Executed on   | SI  | Mith<br>GNATURE OF INDIVIDUAL DO<br>BLE OFFICER IF OTHER THAI |                        |

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

| INDEPENDENT EXPENDITURE COMMITTEE ANI |
|---------------------------------------|
| MAJOR DONOR COMMITTEE STATEMEN        |

| Statement covers period |            | CALIFORNIA | 161 |
|-------------------------|------------|------------|-----|
| from                    | 07/01/2017 | FORM       | 461 |
| through                 | 12/31/2017 | 2/2        |     |
| unough .                |            |            |     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Mr. Boyd C. Smith

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE       | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | TYPE OF PAYMENT                               | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE,<br>MEASURE AND JURISDICTION,<br>OR COMMITTEE      | AMOUNT THIS<br>PERIOD | CUMULATIVE AMOUNT<br>RELATIVE TO THIS<br>CANDIDATE, MEASURE,<br>OR COMMITTEE |
|------------|---|---|--|---|-----------------------|--|
| 08/09/2017 | California Republican Party   | Monetary Contribution                         |  | California Republican Party   | 50000.00              | Calendar Year  |
|            |   | Loan  |  |   |                       | \$ <u>60195.00</u>   |
|            | Burbank CA 91506 ID: 810163 Reference No:                           | Non-Monetary Contribution                     |  | NO:   |                       | Other  |
|            | ID: 810163 Reference No:  | Independent Expenditure                       |  | X Support ☐ Oppose  |                       | \$   |
| 12/06/2017 | 2016 Supervisor Simitian Officeholder Committee                     |   | Officeholder Acc -   | Joe Simitian  | 500.00                | Calendar Year  |
|            | Palo Alto CA 94303 ID: 1342827 Reference No:                        | Contribution  Loan  Non-Monetary Contribution | ount   | County Supervisor Other County of Santa Clara County of Santa Clara NO: |                       | \$\$ 500.00<br>Other   |
|            | D. 10 IZOZI TROIDING NO.  | Independent Expenditure                       |  | X Support ☐ Oppose  |                       | \$   |

**SUBTOTAL** \$ 50500.00